

4534

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>126</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>16</u>	
Town of <u>Globe</u>		Local Registrar's No. _____	
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD _____		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allive	<del>NO</del>
Sex of Child <u>Girl</u>	Twin, Triplet or other _____	and	Number in order of birth _____
		Legitimate? <u>Yes</u>	Date of Birth <u>1</u> <u>17</u> <u>1919</u>
			(Month) (Day) (Yr.)
Full Name <u>FATHER</u>	Full Maiden Name <u>MOTHER</u>		
<u>Sirilo Bidalez</u>	<u>Candelaria Feliz</u>		
Residence <u>Globe</u>	Residence <u>Globe</u>		
Color or Race <u>Mexican</u>	Color or Race <u>Mexican</u>		
Age at last Birthday <u>33</u>	Age at last Birthday <u>30</u>		
(Years)	(Years)		
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>		
Occupation <u>Laborer at Foundry</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>7</u>	Number of children, of this mother, now living <u>6</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 1/17 1919, at 8 PM.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) H. E. Wightman  
(Attending physician, midwife, householder, etc.)

Given or christian name added from a supplemental report 191

Address Globe

029-117-369  
COUNTY REGISTRAR.

Filed Jan 20 1919

Filed Feb 6 1919

A True Copy

B. E. Jay  
LOCAL REGISTRAR.  
B. E. Jay  
COUNTY REGISTRAR.